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forms are submitted.

Application Number	10/602,092
Filing Date	10/602,092
First Named Inventor	BLOOM
Art Unit	1661
Examiner Name	KRANCZEWICZ
Attorney Docket Number	NA

Please change the Correspondence Address for the above-identified patent application to: **Customer Number:** OR Firm or • **CATHERINE ANNE WHEALY Individual Name** Address P.O. BOX 220 **Address** TEXAS TOLAR 76476 **State** Zip City USA Country 254-834-3571 254-835-5150 Fax Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registration Number 39,419 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number\_ Typed or Printed CATHERINE ANNE WHEALY Name Signature Telephone 254-835-5150 Date SEPTEMBER 3, 2004 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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